

Fleet Public Health

Navy Environmental Health Center, Norfolk, VA



Navy Environmental and Preventive Medicine

Unit No. 2, Norfolk, VA - Unit No. 5, San Diego, CA - Unit No. 6, Pearl Harbor, HI - Unit No. 7, Sigonella, IT

NEPMU-5 San Diego, CA Edition

Vol. 3, No. 3, July, 1998

Route to:



Reaching out to the Fleet With Video Teletraining

For training units who need to reach out to their outlying customers and training dollars are few, the staff at NEPMU 5 has a solution. Our Unit in conjunction with Fleet Training Center, San Diego have joined forces to provide video teletraining (VTT) to our customers in the Pacific Northwest (Bangor, Whidbey Island, and Everett), Port Hueneme, NSHS and Naval Medical Center San Diego, even the USS Carl Vinson. Soon to be online with this technology are our friends on the "green side" at Naval Hospital, Camp Pendleton.

The nuts and bolts of this training are simple. An instructor at a given site is wired with a microphone and a device around their neck which sensors the camera to follow their movement. All the outlying receiving sites may interact with the "instructor

site" at any time by using a speaker located at the desk of each student. When a student activates the speaker, the camera will automatically focus on that student and all the sites will hear and see this student interacting with the instructor. The instructor also has the capabilities to use Power Point presentations, videos, and a type of overhead projector to show forms, drawings, etc. During the course of instruction, the entire course can also be video taped for later broadcasting. Course handouts, roster, and critique sheets are sent to the viewing sites and faxed back to the instructor site.

This method of classroom instruction can be intimidating at first to both the instructors and the students because of the cameras and microphones. To relieve the anxiety of the instructors, the VTT site

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"...the fragile island eco-system of Okinawa,... imported pests...more likely to become ecological disasters."

The Unified Theory of Retrograde

Others have written about "washdowns" and retrograde inspections which are performed (primarily by the Marine Corps) prior to moving vehicles and equipment back to CONUS after an overseas deployment. The mechanics of performing these inspections are straightforward and relatively uniform. However, many inspectors do not realize that administrative requirements vary according to where the unit originates. This causes some confusion, especially when PMTs from the East Coast are moved to the West Coast, expecting the

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From the S.E.L.



“...being on active duty you may feel you have very little control...”

We are all placed in management positions, for people, resources, and time. Several things are important to do the job successfully.

Before you can manage others, you must be able to manage yourself. There are five personal skills a manager needs to learn in order to manage oneself. Self-knowledge, risk taking, decision making, time management, and stress management. Self-knowledge, I feel, is the most important. Who you are as a person will influence how you will feel, act, and be as a manager.

It is important for you to sit down and take the time to think about three major areas: your goals, your competencies, and your value system. Your goals are personal and professional. What do you want to achieve? How far do you want to go? What do you want out of your professional life? What personal needs and satisfactions; are you willing to sacrifice for your professional aspirations? Which professional objectives are you willing to sacrifice to achieve what you want in your personal life?

If you decide to sacrifice nothing and have both, you will sacrifice sleep, for sure. Your goals will determine how hard you work and the arena in which you will spend most of your time. Write down your personal and professional goals and note any discrepancies between the two.

I know, being on active duty you may feel you have very little control over many aspects of your job and location (sea or shore duty), you have full control over daily activities. Choices, sacrifices, and achievement in your personal and professional life are in your hands.

You and I must take the steps; we can not rely on others to choose for us what is important to our well being. Others can advise, assist, and direct, but we have to be responsible, and accountable for the outcome. So be active in the direction you are traveling while in the military. Be knowledgeable about duty stations, strategic goals of your command, and family wants and needs. Then act, be responsible, acknowledge the failures, and shine when faced with success. Own all of the goals you set, and get to work. You have to take the step, open the doors, make the time, and choose what is important... Find the value in all you do.

S. Black, HMC, Senior Enlisted Leader, NEPMU-5

“...you have full control over... choices, sacrifices, and achievement...”

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From the OIC of NEPMU-5:

Much has been written in Health Care Administration journals on the subject of patient satisfaction and service quality. Some researchers report patient satisfaction as a special form of consumer attitude – that is, as a postexperience phenomenon reflecting how much a patient likes or dislikes the service. Other researchers indicate “the classic model of *satisfaction occurs when service experience meets consumer expectations.*” The preventive medicine professional, in many situations, practices intervention strategies prior to the individual being classified as a *patient*. Therefore it is more challenging to monitor *satisfaction* since the consumer may not have any specific expectations of service to be provided.

In the same literature, *service quality* is defined as “the consumer’s comparison between service expectations and service performance.” In health care, the three major components of quality are: 1) conformance quality – doing things right the first time, meeting specifications; 2) design quality — simplicity of style, assembly and operation; 3) fitness-of-use quality –the product-service matching or surpassing the expectations and benefits sought by the customer.

As an example, the staff at NEPMU-5 continues to work with the line in reducing redundant shipboard preventive medicine inspections. Various oversight groups have responsibilities for helping the Type Commander staff prepare ships prior to deployment. Subject matter experts are necessary in providing the right advice (conformance quality) and the simplest way to accomplish the end in mind (design quality). NEPMU staffs are best prepared to provide succinct advice on the best methods to accomplish the intent of various prevention programs, from Tuberculosis Control to Hearing Conservation. When other well-intentioned “inspectors” examine and provide advice to shipboard medical staffs, which does not meet the “design quality” or “conformance quality” standard, we create frustration and confusion in our customers. We must all be committed to the principles of continuous improvement and be open to new thinking. But we must all be careful, as Steven Covey says “to keep the end in mind.” The outcomes of our product lines should be prevention of disease and improved health status.

As our Navy becomes smaller, we must all become

more effective in performing our mission. How well we perform our mission is inherently linked to **readiness** of the force. Specifically, those in the Preventive Medicine community must ensure our **products** are necessary and useful to our customers. It is not enough to provide the right answer. We must also be able to sell our product – prevention of injury and illness and improved health status. *Marketing* is an inherent part of Preventive Medicine.

But, measurement of satisfaction and service quality are necessary goals as we implement the concept “**Think populations, See individuals.**” We must educate our customers, the leadership and members of the Navy and Marine Corps team, concerning what they should expect and demand from preventive medicine professionals in improving their readiness.



CAPT Jim Beddard, MSC, USN

Latex Allergy: Risk Assessment & Management

Latex allergy is a potential exposure for 1.4 million health care workers. The Food and Drug Administration reported 1600 incidents and 23 latex-related deaths in 1996. OPNAVINST 5100.23D states that occupational health professionals are to diagnose and treat acute and chronic injuries/illnesses, detect early indicators of excessive exposures caused by the work environment. Does your Command have latex policies and procedures? Where are employees evaluated for potential latex exposures?

Latex allergy develops most commonly in people who have a history of frequent exposure to natural rubber latex. Latex is currently present in more than 40,000 medical and consumer products. Personnel at risk include:

- People with numerous surgical procedures, particularly in infancy.
- Medical and dental professionals and ancillary staff.
- Those with a history of: allergies, atopy, eczema, contact dermatitis, asthma and/or restrictive airway disease.
- People with latex allergic reactions i.e., balloons, condoms, gloves.
- People with food allergies: bananas, avocados, tropical fruit, kiwi, chestnuts, melons, tomatoes, potatoes.

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Of Microbes and Molecules

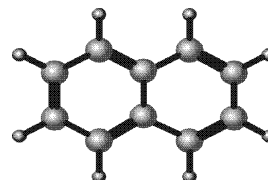
Or

What is CBR/E Anyway??

Nukes are out – chemical and biological warfare is in. While sounding somewhat reminiscent of a fashion statement, chemical and biological (CB) weapons are anything but “fashionable” and the requirement for training our military personnel in CB warfare is rapidly becoming a priority issue. At the recent NEHC conference held in San Diego, CA, both RADM Engel and RADM Nelson spoke to the issue of CB warfare and the critical role training will play in properly dealing with a CB incident – both in terms of incident response and medical management of the CB casualties. Additionally, I am sure that you are all aware of Secretary of Defense Cohen’s comments regarding anthrax and his “visual aid” of a ten pound bag of sugar as he discussed the potential effectiveness of anthrax exposures to the general population. While many of us are aware of the potential use of CB weapons the common mentality is “it won’t happen here” or “it certainly won’t happen to me.” Both of these attitudes are incorrect, as attested to by the nerve agent incident in the Tokyo subways, and can lead to a seriously mismanaged situation thereby needlessly costing lives.

One of the primary roles of CB weaponry is their use as instruments of terror. Presently, the CB arena is a very large unknown to most of the population and, as most of you know, fear of the unknown is a very significant factor in warfare. The ensuing panic and mayhem that develops can be as great of a contributor to an incident as the direct effects of the incident itself. Proper management can help reduce levels of panic and therefore help reduce these indirect casualties.

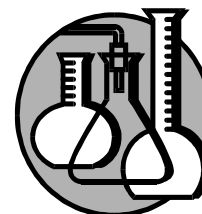
While many of you may have received CBR-training, it probably did not focus on the medical management of casualties. Additionally, most are probably not familiar with the “E” aspect of casual-



ties. This represents those casualties resulting from the exposure of our personnel to agents which may persist in the environment such as a pesticide, heavy metal, long-lasting biological material, or radioactive materials which were left in the environment, possibly as waste. While the specific “agents” themselves may not be warfare agents, their method of action (i.e. the biochemistry in the body) may be very similar if not identical to the biochemistry of specific warfare agents. This has led to the development of the environmental (E) portion of our training which is becoming an item of greater concern as more and more chemicals are making their way into the environment thereby potentially causing exposures, albeit unintended.

Both NEPMU-5 and NEPMU-2 are standing-up chemical, biological, radiological, and environmental (CBR/E) training teams whose focus is to provide training to our Fleet medical personnel in the medical management of CBR/E casualties. The teams are still very much in the developmental phase and course dates and quotas are being handled with a great deal of “flexibility” at this time. However, be assured that our primary goal is to provide training in the medical management of CBR/E casualties to our Fleet medical department personnel. As the CBR/E Training Team Leader here at NEPMU-5, I will be happy to answer any questions you might have and provide you with future information on training dates, etc., as it becomes available. The preferred method of communication is e-mail (nlacy@nepmu5.med.navy) so that I will have a record of your request. If e-mail is unavailable to you please feel free to contact me at 619-556-9810 or send me a fax at 619-556-8448.

CDR Nathan Lacy
Special Assistant for Technical Program Development
NEPMU-5



Emporiatics? Say What?

Emporiatics is: a) the study of kings, queens and emperors; b) the study of really good deals shopping overseas; c) travel medicine. If you answered c) you'd be right. So what?

The goal of travel medicine (emporiatics) is to keep travel free from illness or accident. It is especially important when there is a significant difference between home and destination environments – as when traveling to tropical and Lesser Developed Countries (LDC's). In such cases, special precautions must be taken.

Living in the United States or other developed nation, one is accustomed to an environment where government and a high standard of living ensure relative safety and quality of water and food, roads, and medications. Public health infrastructure directs vaccination of animals against rabies and control of mosquitoes and other insect vectors. When one leaves this environment, one leaves this "safety net" behind. One faces health risks in what at home were comparatively risk-free situations: having a glass of ice water, swimming at a public beach, purchasing a cold remedy at a local pharmacy, being bitten by a mosquito at a campground.

Travel medicine is not internal medicine, the stuff internists do. Travel medicine is knowing odd things like "What is the #1 cause of new-onset seizure disorder in adults in Mexico?" (neurocysticercosis); "What is the #1 cause of hand crippling worldwide?" (leprosy). It's also knowing things of more practical value that sometimes fly in the face of conventional wisdom: "What is the biggest risk of death for Peace Corps volunteers abroad?" (road accidents); "What percentage of HIV/AIDS cases worldwide were acquired through heterosexual sex?" (at least 75%).

To accomplish its goals, emporiatics focuses on three aspects of travel: pre-trip planning, behavior while traveling, and the post-trip period when resulting illnesses can surface. Many of us have been doing these things for years and recognize the overlap of "core competencies" subsumed in our rich

lexicon of operational jargon such as PMT, PMO, DAR, DISRAP, VECTRIP, PDB, Op Order, Alpha Roster, SIQ, NPQ, ISSA, BAS, ABAS, etc.

Several years ago a certification exam was introduced by the American Society of Tropical Medicine and Hygiene (ASTMH). This exam has moved steadily toward international recognition as a benchmark of basic competency in the practice of "Clinical Tropical Medicine and Travelers' Health". To be eligible to sit for the exam, documentation of a period of practical experience "in the trenches" is required (some Navy operational experiences have been held to satisfy this requirement). An ASTMH review course, akin to a specialty board certification review course, is given annually at various locations.

For medical officers who may be interested, and those in the field considering a future medical career with travel medicine as a specialty, a call to ASTMH may be worthwhile. This year the ASTMH will hold its review course in San Diego, September 22 and 23, at the Wyndham Emerald Plaza. For further information, contact Judy DeAcetis by e-mail at astmh@aol.com or phone (847)480-9592 or fax (847)480-9282. (Last we knew, the Navy will not underwrite attendance at the review course or the exam fee, on the grounds this is a Certificate of Knowledge, not a Board Certification. However, if the practical knowledge and the information base is already there, why not make use of it? You can always request permissive TAD, ask your boss nicely and say Please. The Certificate may come in handy someday.)

CAPT Pat Olson
Epidemiology Department
NEPMU-5



Common findings on Environmental Health Surveys of

NEPMU Five's Environmental Health, Entomology and Epidemiology Departments conduct Environmental Health Surveys aboard ships in the San Diego area. Surveys are required within 90-120 days of deployment, or approximately every 18-24 months. The purpose of the survey is not to come on board and fail your ship. It is designed to be a helpful tool to promote the health and welfare of your crew. The Environmental Health Survey is, however, a formal inspection and the results are forwarded to Commander, Naval Surface Force, U. S. Pacific Fleet.

Many of the discrepancies we find are common to most ships. The purpose of this article is to assist you, the Fleet Medical Departments, in avoiding these pitfalls. During these surveys, we inspect the potable water program, marine sanitation devices, shipboard habitability, food safety, pest control and disease prevention programs.

The potable water portion of the survey consists of inspecting the hoses, hose lockers, tanks, filling stations and emergency water tanks. We also interview the Engineering and Medical Department personnel for their knowledge of the ship's water system operation and sanitizing and halogen handling procedures.

Historically, the common deficiencies in the potable water program are cross-connections at deep sink and scullery spray arms and some at garbage grinders, rusty calcium hypochlorite lockers, outdated water sanitation bills, and improper testing procedures, using the wrong DPD tablet.

Spray arms should have a heavy-duty spring at the base of the flexible hose to prevent the nozzle from hanging into the sink. DPD #1 tablets are used to detect Free Available Chlorine (FAC). Bromine can also be detected, using the DPD #1 tablet, by multiplying the FAC by 2.2. DPD #4 tablets are used to detect chloramines, which some water treatment plants such as the one in San Diego use to disinfect municipal water. We would like to point out that recently, however, there have been no discrepancies in ships' potable water programs.

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The Marine Sanitation Device (MSD)

portion of the survey consists of reviewing training records of the system operators, availability of personal protective equipment and clean-up supplies in case of spills, proper labeling, coding, and maintenance of MSD equipment and condition of the MSD system.

The common deficiencies in the MSD portion of the survey are insufficient personal protective and clean-up gear, lack of hand washing equipment and supplies, lack of drip pans in health-sensitive areas, inadequate training for MSD operators, health records not labeled as belonging to Collection, Holding and Transfer(CHT) system workers.

All pump rooms should have lockers with coveralls, rubber boots and gloves, face shields, hair covers, disposable laundry bags and towels, canvas laundry bags, disinfectant (Betadyne surgical soap and disinfectant or Wecodyne), plastic trash bags and cloth towels. A minimum of two persons are required to decontaminate a space, thus adequate quantities should be available for two persons. Hand washing stations need to be provided within pump rooms and be continuously stocked with soap and paper towels. Electric hand dryers may augment, but not replace paper towels.

Removable drip pans shall be installed in health-sensitive areas, such as berthing, mess, and food service and storage spaces to detect possible leakage of the system. When MSD components are located in these areas, the Medical Department is required to check these areas daily.

Many MSD system operators do not have training documented in their training or service records. All

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<http://www-nehc.med.navy.mil/>

The NEHC Homepage has recently added some important new products and services. We encourage you to take a look.

Ships homeported in the San Diego area

MSD operators shall be trained on the health aspects of MSD operation, upon reporting aboard and at least annually thereafter, from the Medical Department. Operators also require system operation training. This varies with your ship's system type. The most common system in use is the CHT system, which has a CD-ROM self-paced course called Shipboard Training Enhancement Program (STEP). The point of contact to obtain this course is Mr. Dennis Knott at (904) 452-1640 or DSN 922-1640. This is a Naval Surface Forces, Pacific requirement, and a Naval Air Forces, Pacific recommendation.

Inquiries on training in other systems can be made through Fleet Training Center (619) 556-8545 or DSN 526-8545. Your ship's PQS program can also provide more specific training. Although not the preferred method, OJT is acceptable as long as training is not for CHT systems and is specific as to who provided instruction, what was instructed, and is documented in the member's training folder or service record.

Health records should be tagged to indicate "CHT worker" or "MSD worker" per COMNAVSURFPACINST 6000.1F (16 Sep 96).

The habitability portion includes a review of sanitary condition of and sanitation procedures used in the barbershops and laundry, and the sanitary condition of berthing, heads, washrooms, and other public use spaces.

The common deficiencies in these areas are barbers not having medical screening documented in their health records, dirty unoccupied racks and pillows (what a way to welcome your new shipmate aboard!), polyurethane pillows used in berthing, excessively stained pillows and mattresses, and no soap and paper towels in the washrooms.

All barbers need a documented physical examination in their health record before initial assignment. All unoccupied racks should be cleaned during each field day. Not only do the dirty racks affect the health and morale of the crew presently on board, but also that of the newcoming sailor. Polyurethane pillows, when burned, produce a toxic agent. That is the main reason they are prohibited on board ships. A shipboard pillow and mattress change-out program

can maintain your bedding in optimum condition. A point of contact is SKC St. John at 556-3573, Fleet Mattress and Pillow Exchange, Naval Station, San Diego, Building 75, COMPHIBGRU 3.

Soap and paper towels are important for obvious reasons. Proper hand washing is the primary means of preventing disease. Think about how many people don't bother to wash their hands simply because they don't have the tools to do the job.

The food safety portion of the survey consists of inspecting food service, storage and mess areas. The common deficiencies are poor sanitation of food preparation equipment, (particularly items that cannot be cleaned in the deep sink or automatic dishwasher) heavily scored cutting boards, inadequate supply of soap and paper towels, dirty steam kettle drains, high refrigerator temperatures, food stored with non-food items (such as a box of Combat roach traps stored with clean plates and dishes), inoperable latches on bulk milk and reach-in refrigerated spaces and undocumented or outdated training and physical exams.

It seems most Mess Specialists and Food Service Attendants do not expect us to look at the steam kettle drains. You may find it helpful to check these during routine inspections and train your MS's that this is an important area to keep clean. The key sanitation problems of dirty steam kettle drains are poor drainage, splash from dumping dirty water in coamings, and old food odor, which can attract pests.

The pest control survey conducted by the Entomology Department consists of inspecting food storage areas for evidence of insect or rodent infestation, checking pesticide application procedures, reviewing safety equipment and training records, and ensuring there is a current USPHS Deratization Exemption Certification.

The most common deficiencies in this area are improper installation of rat guards on ship-to-shore lines and Shipboard Pest Control certification not current. All rat guards should be at least six feet from the pier and have no gaps in the center connection. Contrary to popular belief, Category Eight pest

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SUMMER SAFETY - TO THE BOSSES

Once again summer has arrived and with it comes the time for increased mishap awareness. Historically this is the time of year when we lose more of our people to senseless mishaps. For your summer safety campaign to be successful you should have begun early with the Memorial Day weekend and continue through the Labor Day weekend. Your primary target areas should be off-duty recreational, home, or athletic mishaps, private motor vehicles, and mixing alcohol with any of the above.

Your campaign should include increased publicity by both your Safety Office and your activity DAPA. Publicity materials should be distributed with the hope that these will be passed on to everyone in the form of meetings, posting in common areas, publishing, Email, a read file, or whatever works as long as it is communicated to all of your people.

You should consider that the majority of our people are mature intelligent adults who take the time to think about what they're doing and do it safely. Some are going to get tired of hearing the word "safety" but I'm sure they're smart enough to understand why you're doing what you're doing. Doing it safely isn't something extra that has to be done. Simply doing it correctly is doing it safely.

It is impossible to measure the hundreds or even thousands of lives that are saved by a concerned commanding officer or supervisor who reminds their people to be safe over a long weekend, talks about drinking and driving, passes out a flyer, writes an article, or any effort made, shows that they have a genuine concern for the well-being of their fellow human beings. Normally all we hear about is the senseless loss of life or a DWI involving someone that just didn't get the word or if they did, they elected to ignore it and paid the price.

Now is the time to refresh those same old concerns: Using seatbelts, driving long distances, checking tires, brakes, lights, wipers, etc., on the car. Operating the vehicle safely by observing safe driving practices such as controlling speed, observing signs, signals, following distances, etc. Also, all those possible recreational hazards such as swimming, boating, hiking, cycling, and even sunburns. Around

the home - lawnmowers, barbecues, power tools, working on/under the car. Again, mixing alcohol with any of the above. Last, but certainly not least - taking a good look at your attitude toward safety. If you are one of those quick to anger, don't wear your seatbelt, never use personal protective equipment once you're outside the gate, or think that you can play the odds and mix alcohol with these actions then sooner or later you'll wind up as a statistic or you'll cause someone else to be one. **THINK!** Safety rules are there for a good reason. If you're the boss then don't be afraid to be involved. I can't tell you how many times over the last 20 years in this business doing mishap investigations that I've heard a supervisor, coworker or friend say, "I knew they were going to do that!" **BUT**, they didn't do a thing about it! They knew that the individual worked without regard for safety rules or they knew it was common for a coworker to drink and drive. Pretty amazing that they didn't care enough to do something about it before it was too late!

Does our campaign end with coming back to work on Tuesday following the Labor Day weekend? I would hope not. School will be back in session for those of you with young ones. The weather will begin to change and a whole new set of circumstances that present a challenge to our safety and well being will be here. Does this "safety stuff" ever end? No, it doesn't. **BUT** as I stated earlier, if safe behavior is made an integral part of what you do during each and every process you won't even have to think about it. Just think how long you've been putting on that seatbelt when you get into your car. Now you probably don't even notice you're doing it but it's on and it's there whenever you may need it. You probably don't even notice the "hard hat" anymore but it's there. Just second nature.

If you're a "boss," want to be involved, and need more information contact your host activity or shipboard safety office. One thing is certain; to make a difference you need to get involved. **CARE!**
WISHING EVERYONE A GREAT – SAFE SUMMER, and beyond!

Ed Adams, CSP
BUMED Regional Safety Manager
NEPMU-5,

Common Findings of Env. Hlth. Surveys of Ships Home-ported in the San Diego Area **Continued from p. 7**

control certification does not certify you for ship-board pest control. They are two different certifications and you must have both if you are conducting pest control aboard your ship.

The review of disease prevention programs conducted by the Epidemiology Department consists of a review of the medical library and how the Medical Department administers immunizations, Tuberculosis and Sexually Transmitted Disease control programs. We also review the Medical Department's knowledge of Hepatitis B, malaria, and rabies prevention programs and compliance with required medical screening such as HIV testing.

The main deficiencies are missing instructions in the medical library, outdated or undocumented immunizations, missing Measles, Mumps and Rubella (MMR) vaccines, no documentation of a baseline chest x-ray for new and old TB reactors, incomplete INH chemoprophylaxis, and no documentation of an Annual TB Summary Report.

It seems many MDRs believe the Rubeola/Rubella vaccine the Navy administered years ago is a sufficient alternative to the MMR vaccine. The Rubeola/Rubella vaccine does not protect against Mumps. If a crewmember has this vaccine documented in their health record, you can either administer the MMR, or draw a titer. Remember, if neither one is documented, it didn't happen.

Being diligent in your Immunization and Preventive Medicine Programs will eliminate many of these deficiencies. Many MDRs feel overwhelmed with all the programs they have to monitor. Simply focusing on the requirements of each program, in turn, can eliminate the anxiety of trying to manage all the programs simultaneously. Once you get each program where it should be, it is much easier to maintain the program at an optimum level.

If you have any questions about what we look for, our inspection checklists are available on our website at:

<http://trout.nosc.mil/~nepmu5/>

Or you can contact us at commercial (619) 556-7084 or DSN 526-7084.

HM2(FMF) J. Weaverling
Environmental Health Department
NEPMU-5

The Unified Theory of Retrograde **Continued from p. 1**

system to work the same way. It doesn't!

The Marines on the east coast have made washdowns an accepted part of every deployment, even going so far as to establish a special relationship with the local USDA office. Entomologists, senior PMT's and some environmental health officers are authorized by the USDA to perform pre-clearance inspections. These washdowns and pre-clearances allow the MEUs to move rapidly from deployment to CONUS while insuring that agricultural pests are not imported.

The problem is that the West Coast USDA has not established such a program with the Marine Corps. There is a small program called the "Cooperator Plant Protection and Quarantine Officer" system which is administered out of San Diego. This program fails to address any aspect of agricultural washdowns. The emphasis is on removal of opened food containers and the proper disposal of garbage. Any E-6 and above, regardless of specialty, can get this "certification", but the program fails to provide any guidance for returning Marine Corps units. In the absence of a defined program, West Coast MEUs usually try to utilize PMTs as inspectors, much like they are on the East Coast. This is probably a good idea, but the inspectors must realize that they do not have the authority in the West that they have in the East.

To complicate issues even further, American forces in Okinawa also have a washdown policy. The 3d FSSG entomologist and PMTs of the Consolidated Preventive Medicine Unit are authorized by the Japanese Plant Protection Agency to do pre-clearance inspections for forces returning from Korea, Thailand, Australia and other countries. The USDA has nothing to do with this program. In fact, it is important to remember that, for Okinawa, soil from the United States is foreign soil and must be removed from imported vehicles and supplies. This program is especially important to the fragile island ecosystem of Okinawa, where imported pests are even more likely to become ecological disasters. By agreement with the Government of Japan, no washdowns can be conducted in Okinawa, so the inspections should occur in the country where the deployment occurred.

Differing authorities and the lack of a uni-

Continued on p. 10

RPO TRAINING

NOW TWO DAYS

During the past several months, NEPMU-5 received numerous calls requesting seats for the 1-day Respiratory Protection Officer's (RPO's) Course that we used to teach at many of the NEPMUs. Similar inquiries have been fielded by NEPMU industrial hygiene personnel during ship-board industrial hygiene surveys. To all of these queries, we provided the following: The requirements have changed, stating that we no longer teach the course and that the new resource activity on the West Coast is the Navy Occupational Safety and Health, and Environmental Training Center (NAVOSHTRACEN) at NAS North Island. The resource on the East Coast is NAVOSHTRACEN at NAVSTA Norfolk, VA.

Why a 2-day course?

Last summer, the CNO's NAVOSH Training Steering Committee met to discuss the results of INSURV's mid-year review of previous inspections revealing significant recurring deficiencies in the Respiratory Protection Program. Special emphasis was placed on respirator fit testing among the Navy's surface ships. The working group agreed during that meeting that the one-day course, "Managing A Respiratory Protection Program" (B-322-2350) was inadequate in scope to allow RPOs who have taken it, to conduct fit testing. But on the other hand, the group felt that the 5-day course designed for ships with primary duty safety officers, was too long for collateral duty RPOs of smaller ships. Thus, the 2-day course was developed to meet this need.

In April this year, the CNO's office put out an interim change announcement, officially replacing the one-day course with "Respiratory Protection Officer (RPO) Course, A-4J-0082." According to that message (221849Z APR 98), the training was extended by one day at the request of surface ship TYCOMS "to include more in-depth coverage of the subject matter, with emphasis on fit testing and the training of personnel under RPO supervision to fit test and issue respirators."

Successful completion of A-4J-0082 will allow the RPO to conduct fit testing of ship's personnel as required by OPNAVINST 5100.19C and to train

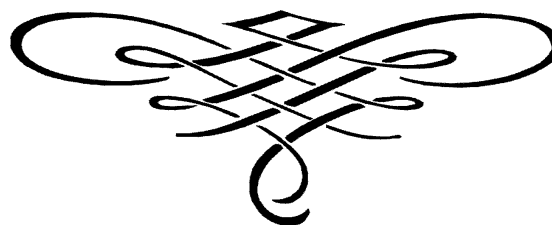
Continued next column

assistants to fit test ship's personnel and issue respirators.

The 2-day course is being taught by the Navy Occupational Safety and Health, and Environmental Training Center-West, NAS North Island. For more information, call NAVOSHTRACEN-West at (619) 545-9356 or DSN 735-9356. The is also taught at NAVOSHTRACEN East at (757)445-8778 ext.324 or DSN 565-8778. For a quota *at either location*, submit an official letter with written justification by your commanding officer to:

Commanding Officer,
NAVOSHTRACEN,
9080 Breezy Point Crescent
Norfolk, VA 23511-3998

LCDR Alfonso B. Villamora, MSC, USNR
Head, Industrial Hygiene Department
NEPMU-5



The Unified Theory of Retrograde **Continued from p. 9**

form policy on washdown inspections contribute to a great deal of confusion for retrograding forces. Steps which can be taken to minimize this confusion include:

- (1) Do not assume that your authority to pre-clear vehicles on the East Coast will be recognized in California.
- (2) Obtain local training, even if it is not directly applicable to the inspection process. This establishes liaison with local authorities which may prove useful.
- (3) Don't promise a retrograde officer something you cannot produce (i.e. guaranteed preclearance)
- (4) Keep extremely high standards on inspected vehicles. The USDA is quite reasonable as long as they trust the inspectors.

David Claborn, LCDR MSC USN
Entomology Department, NEPMU-5

Reaching... the Fleet with Video Teletraining

Continued from p. 1

at TRITRAFAC Bangor has developed a course for instructors on teaching techniques using VTT.

In addition to transmitting courses, NSHS, San Diego and Naval Medical Center, San Diego sites both have downlink capabilities. This means courses from outlying areas such as the Centers for Disease Control or Fort Detrick, MD can be broadcast from these downlink sites to all the sites within our AOR. All this technology is at no expense to your command. These VTT sites have been established and are manned by civilian and military personnel who are willing to provide this cost-free service to our Fleet.

If your Command would like to either receive any of the CANTRAC courses we provide or need any additional information, please contact the Training Department, NEPMU 5 at (619) 556-7086/8493.

HMC(FMF) Dolores W. Pickens,
Training Department, NEPMU-5

Latex Allergy: Risk Assessment & Management

Continued from p. 3

- Those with plant allergies, i.e., poinsettia.

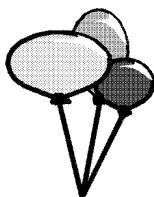
Latex reactions range from: food sensitivities, skin allergies and asthma, to severe, life-threatening anaphylaxis.

Commands should ensure a multidisciplinary approach to detect early indicators of latex sensitivities. Industrial hygiene surveys, occupational histories, assessment and treatment, reporting and substitution of latex products should be considered to ensure a safe and healthy work environment for all employees. Promote a "LATEX SAFE" environment by implementing policies and educational programs to prevent latex exposures.

Additional information may be obtained by viewing the following websites:

<http://allergy.mcg.edu/ltxhome.html>
<http://www.cd.gov/niosh/homepage.html>
<http://www.dhhs.gov>
<http://www.cdc.gov/niosh/latexalt.html>

Lois Moody
Occupational Health Nurse Consultant
NEPMU-5
619-556-9344, DSN 526-9344
e-mail: limoody@nepmu5.med.navy.mil



FY98 Fourth Quarter Preventive Medicine Training



West Coast & Pacific



Pest Management Core: Basic Pest Management Technology

NDVECC – Bangor 15 - 25 Sep

Pest Management

NDVECC - Bangor 25 - 30 Sep

Pest Management - Arthropod and Vertebrate Pest Management

NDVECC - Bangor 30 Sep - 09 Oct

Pest Management - DoD Pest Management Recertification

NDVECC – Bangor: 25 - 28 Aug

Pest Management - Shipboard Pest Management

NEPMU-5, 06 Jul

NEPMU-6, 11 Aug

NDVECC -Bangor 19 Aug, 02 Sep

Infectious Disease Countermeasures for Deployed Forces

NEPMU-5 08 Jul

Food Service Sanitation Instructor Certification

NEPMU-5: 27-31 Jul 24-28 Aug
28 Sep-02 Oct

NEPMU-6: 13-17 Jul

Food Service Sanitation Instructor Recertification

NEPMU-5 28-30 Jul 25-27 Aug
29 Sep-01 Oct

NEPMU-6: 13 - 15 Jul

Food Sanitation Training Basic Refresher

NEPMU-6: 17 Jul

Enlisted Dining Facility Master-at-Arms Sanitation

NEPMU-5: 03 Sep

NEPMU-6: Upon request

Water Sanitation Afloat

NEPMU-5: 16 Jul

NEPMU-6: 07 Jul

Marine Sanitation Devices, Health Aspects of

NEPMU-5: 06 Aug

Immunizations and Prophylaxis

NEPMU-6: 02 Sep

Malaria Prevention and Control

NEPMU-5: 05 Aug

Malaria, Laboratory Identification

NEPMU-5: 05 Aug

Continued on p. 12

**FY98 Fourth Quarter Preventive Medicine Training
West Coast & Pacific - Continued**

NEPMU- 6: 15 Sep
Sexually Transmitted Diseases: Epidemiology, Diagnosis, Treatment and Interviewing Techniques
 NEPMU-5: 11 Aug & 12 Aug
 NEPMU-6 12 Aug
Sexually Transmitted Diseases: Laboratory Procedures and Diagnosis
 NEPMU-5: 11 Aug 09 Sep
 NEPMU-6: 12 Aug
Tuberculosis Control Program
 NEPMU-5 09 Sep
Spirometry: Pulmonary Function Screening in the Occupational Medicine or Outpatient Setting
 NEPMU-6 16 - 18 Sep
Hearing Conservation Afloat
 NEPMU 6 23 Jul 03 Sep
Heat Stress Afloat
 NEPMU-6 13 Aug
Asbestos and Other Thermal Insulation, Health Effects/Control of
 NEPMU-6 18 Aug
Analysis of Bulk Asbestos Samples
 NEPMU-5: Contact Industrial Hygiene Department (619-556-7079 DSN 526-7079)
Hazardous Material Awareness/Control
 NEPMU 6: 25 Aug
Water Analysis Membrane Filter Technique and ONPG-MUG Test
 NEPMU-5: 20 - 24 Jul 21 - 25 Sep
Shipboard Occupational Health Surveillance Program
 NEPMU-5 04 Jul


East Coast & Europe

Medical Entomology and Pest Management Technology

DVECC JAX: 13-24 Jul

Core: Pest Management Technology Basic Prerequisite: NPWTC 150

DVECC JAX: 14-21 Sep

Plant Pest And Vegetation Management, Prerequisite: B-322-1070

DVECC JAX: 22-25 Sep

Continued from p. 11

East Coast & Europe - Continued
Arthropod And Vertebrate Pest Management , Prerequisite: B-322-1070

DVECC JAX: 28 Sep - 07 Oct

Shipboard Pest Management

NEPMU-2: 09 & 23 Jul 06 & 20 Aug 10 Sep

NEPMU-7: Available upon request.

DVECC JAX: Available upon request.

Contact Operations Department for dates.

Food Service Sanitation Instructor Certification

NEPMU-2: 27-31 Jul 24-28 Aug 21-25 Sep

NEPMU-7: Available upon request.

Minimum class size is normally 8 students.

Food Service Sanitation Instructor Recertification

NEPMU-2: 28-29 Jul 25-26 Aug 22-23 Sep

NEPMU-7: Available upon request.

Water Sanitation Afloat

NEPMU-2: 28 Sep

NEPMU-7: Available upon request.

Health Aspects of Marine Sanitation Devices

NEPMU-2: 30 Sep

NEPMU-7: Available upon request.

Immunizations and Prophylaxis

NEPMU-2: 14 Sep

NEPMU-7: Available upon request.

Investigation And Prevention Of Food-Borne Illness

NEPMU-2: 14 Sep

NEPMU-7: Available upon request.

Malaria Prevention and Control

NEPMU-2: 18 Sep

Sexually Transmitted Diseases: Epidemiology, Diagnosis, Treatment And Interviewing Techniques

NEPMU-2: 16 Sep

NEPM U-7: Available upon request. Class size limited to 5

Sexually Transmitted Diseases: Laboratory Procedures And Diagnosis

NEPMU-2: 16-17 Sep

NEPMU-7: Available upon request. Class size limited to 5 students.

Viral Hepatitis

NEPMU-2: 15 Sep

FY98 4th Qtr Prev Med Trng, East Coast & Europe Cont.

NEPMU-7: Available upon request.

Tuberculosis Control Program

NEPMU-2: 15 Sep

NEPMU-7: Available upon request.

Navy Occupational Safety And Health (NAVOSH) Programs Afloat

NEPMU-2: 17 Aug

NEPMU-7: Available upon request.

Spirometry: Pulmonary Function Screening In The Occupational Medicine Setting

NEPMU-2: 11 - 13 AUG

Hearing Conservation Afloat

NEPMU-2: 20 Jul 11 Sep

NEPMU-7: Available upon request.

Heat Stress Afloat

NEPMU-2: 20 Jul 21 Aug 11 Sep

NEPMU-7: Available upon request.

Analysis of Airborne Asbestos Samples (NIOSH 582 Course)

NEPMU-2: Available upon request with a minimum class size of 4 students.

Analysis Of Bulk Asbestos Samples

NEPMU-2: Available upon request with a minimum class size of 4 students.

***Respiratory Protection Fundamentals and Program Management**

***NOTE:** this course is no longer taught at NEPMU's. Please contact the NAVOSHENVTRACEN for quota's. (757)445-8778 ext 324, 325 or 326. Course # a-4j0082.

WATER ANALYSIS: MEMBRANE FILTER TECHNIQUE

NEPMU-2: 28 Sep

NEPMU-7: Available upon request.

Parasitology Refresher: Mif Technique

NEPMU-7: Available upon request. Class size limited to 5 students.

HIV/AIDS Instructor Training, Navy/American Red Cross Course

NEPMU-2: 31 Aug - 04 Sep

Cross Connections: Identification And Control

NEPMU-2: 29 Sep

Workshop For The Safety Professional

NEPMU-2: 13 - 17 Jul

TO REQUEST QUOTAS: Reserve quotas from the respective quota control activity by message, phone, FAX, or e-mail:

NEPMU-5, San Diego, CA: (619) 556-7086,
DSN 526-7086 FAX: (619) 556-7071
Website: <http://trout.nosc.mil/~nepmu5>
e-mail: nepmu5@nepmu5.med.navy.mil

NEPMU-6, Pearl Harbor, HI: (808) 471-9505,
DSN: 471-9505, FAX: (808) 474-9361
e-mail: nepmu6@nepmu6.med.navy.mil

NDVECC Poulsbo (Bangor), WA: (360) 315-4450
DSN: 322-4450, FAX: (360) 315-4456
e-mail: postmaster@ndvecc.navy.mil

NEPMU-2, Norfolk, VA: (757)444-7671
DSN: 564-7671 FAX: (757)444-1191
e-mail: epc0epu2@bumed30.med.navy.mil

NEPMU-7, Sigonella, IT: 011-39-95-56-4101
DSN: 624-4101, FAX: 011-39-95-56-4100
e-mail: sig1pmu@sig10.med.navy.mil

NDVECC JAX, Jacksonville, FL: (904)542-2424
DSN: 942-2424, FAX: (904)542-4324,
e-mail: dvj0ccj@jax10.med.navy.mil

FOR INFORMATION ABOUT::

Course descriptions
CANTRAC Numbers
Length of course
Prerequisites
Certifications offered
Who should attend
Orders
Uniform
Materials/equipment to bring

See the printed course catalog

OR, Access course listings at the following WEBSITES:

<http://www-nehc.med.navy.mil/>

<http://trout.nosc.mil/~nepmu5/>



Welcome Aboard!**Fair Winds and Following Seas!**NEPMU-2

LT R. Enriquez, USS SAIPAN

NEPMU-2

HMC R. Maritela, Retired

NEPMU-5

LCDR Scott A. Thornton, DUINS, University of Maryland
Mr. Lloyd Parish, HRO, Camp Pendleton, CA

NEPMU-5

LCDR David Claborn, DUINS, USUHS
LTJG Dan Goad, USS ABRAHAM LINCOLN
LTJG Nzedegwu Olisa, Released from active duty

NEPMU-6

NONE

NEPMU-6

HM2 (SEL) Gina Cox, 1ST FSSG, Camp Pendleton, CA

NEPMU-7

HM2 Brent Snyder, NAVHOSP, Cherry Point, NC

NEPMU-7

CDR George Orndorff, JCAHO Fellowship
HM2 Vincent Crews, NMC, Portsmouth, VA

NEHC

CAPT David Hiland, BUMED, Washington, D.C.

NEHC

CAPT Joel Escamilla, NSHS Det, San Antonio, TX

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